## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS CTICES COMMISSIN

COVER PAGE

| Agency Name City Bullton Division, Board, Department, District, if applicable  If filing for multiple positions, list below or on an attachment.  Agency: Bullton Position  Agency: Bullton Reductor multiple positions, list below or on an attachment.  Agency: Bullton Reductor multiple positions  Jurisdiction of Office (Check at least one box)  State  Multi-County  County of  County of  Other  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  Ansuming Office: Date Left 2010.  Assuming Office: Date 3 //0 // Office sought, if different than Part 1:  Schedule Summary  Check applicable schedules or "None."  Schedule A-1 investments - schedule attached  Schedule D- income - Gifts - schedule  Schedule D- income - Gifts - schedule   |                               |
|---|-------------------------------|
| Office, Agency, or Court  Agency Name  City of Bullton  Division, Board, Department, District, if applicable  Foundation  Fiffiling for multiple positions, list below or on an attachment.  Agency: Bullton Reduction must Position:  Jurisdiction of Office (Check at least one box)  State  Judge (Statewide Jurisdiction)  County of  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, Check one)  The period covered is, through December |                               |
| Office, Agency, or Court  Agency Name  City of Bullton  Division, Board, Department, District, if applicable  Foundation  Fiffiling for multiple positions, list below or on an attachment.  Agency: Bullton Reduction must Position:  Jurisdiction of Office (Check at least one box)  State  Judge (Statewide Jurisdiction)  County of  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, Check one)  The period covered is, through December |                               |
| Division, Board, Department, District, if applicable    Four Position   Position   Position   |                               |
| Division, Board, Department, District, if applicable  If filing for multiple positions, list below or on an attachment.  Agency: Bullton Redevice ment Position: Agency  Jurisdiction of Office (Check at least one box)  State  Multi-County  City of Bullton  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, Check one)  The period covered is Journal, through December 31, The period covered is January 1, 2010.  Assuming Office: Date 3 / / / / / / / / / / / / / / / / / /   |                               |
| If filing for multiple positions, list below or on an attachment.  Agency: Bullton Redevilop ment Position: Agency  Jurisdiction of Office (Check at least one box)  State  |                               |
| Agency: Buellton Redevilop min # Position: Agency  Jurisdiction of Office (Check at least one box)  State   |                               |
| Jurisdiction of Office (Check at least one box)  State  Judge (Statewide Jurisdiction)  Multi-County  County of  City of  Other  Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left  2010.  The period covered is  Judge (Statewide Jurisdiction)  County of  Other  Type of Statement (Check at least one box)  The period covered is January 1, 2010, through December 31, Check one)  The period covered is January 1 leaving office.  The period covered is January 1 leaving office.  The period covered is January 1 leaving office.  Office sought, if different than Part 1:  Schedule Summary  Check applicable schedules or "None."  ➤ Total number of pages including this cover  Schedule A-1 - Investments - schedule attached  |                               |
| State   |                               |
| Multi-County   County of     City of   City of   Check at least one box     Annual: The period covered is January 1, 2010, through December 31,   Check one     2010.   |                               |
| Type of Statement (Check at least one box)  ☐ Annual: The period covered is January 1, 2010, through December 31,   |                               |
| Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31,   |                               |
| Annual: The period covered is January 1, 2010, through December 31, Check one)  The period covered is/, through December 31, Check one)  The period covered is/, through December 31, leaving office.  Assuming Office: Date  |                               |
| The period covered is   |                               |
| The period covered is   |                               |
| Candidate: Election Year Office sought, if different than Part 1:  Schedule Summary  Check applicable schedules or "None." ▶ Total number of pages including this cover  Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans, & Business  | , 2010, through the date of   |
| Schedule Summary  Check applicable schedules or "None."  ➤ Total number of pages including this cover  □ Schedule A-1 - Investments - schedule attached  □ Schedule C - Income, Loans, & Business   | , through the date            |
| Check applicable schedules or "None." ► Total number of pages including this cover  Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business   |                               |
| Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business   |                               |
|   | page:                         |
| Schedule A-2 - Investments - schedule attached  | Positions - schedule attached |
| <del></del> <del></del>   |                               |
| ☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Pag   | ments - schedule attached     |
| -or- None - No reportable interests on any schedule   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   | ,                             |
|   |                               |
| Cortify under penalty of perjury under the laws of the State of California that   |                               |
| I certify under penalty of perjury under the laws of the State of California that   |                               |
| Date Signed Signature   |                               |
| (month, day, year)  |                               |
| FEFC TON-FIEE HEIDING. OU   |                               |